

**NEBRASKA OCA PEER SUPPORT TRAINING APPLICATION  
NOVEMBER 12-20, 2009**

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**Fax All 7 Pages of Application to:**

Dan Powers  
402-471-7859

**Or Mail All 7 Pages of Application to:**

Dan Powers  
Division of Behavioral Health  
P.O. Box 95026  
Lincoln, NE 68509  
Email Assistance:  
[dan.powers@nebraska.gov](mailto:dan.powers@nebraska.gov)

Phone Assistance:  
Dan Powers at 800-836-7660

**DEADLINE FOR APPLYING:  
October 16, 2009**

If accepted to the training, you will be notified by telephone **on or around  
October 23, 2009.**

**Congratulations on deciding to apply to our first statewide Peer Support Training! At this landmark training you will have the luxury of funding for costs of your transportation, and provision of lodging and food. There is no registration fee this year either. This opportunity is being funded by the National Association of Mental Health Program Directors and therefore will focus only on the lived experience of people with mental health and co-occurring mental health and addiction challenges. Future trainings from the OCA will include people with experience with recovery from addiction and gambling, so stay tuned!**

**You will receive a certificate of completion for attending the entire training.**

**Thank-you for your interest and good luck with your application!**

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**Your Name:**

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**County in which live:**

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**Agency where you work:**

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Work status (check one): Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Will be a Paid Position after Training \_\_\_\_\_

**Current job title:**

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**Work telephone:**

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**Work/volunteer address:**

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**Work e-mail:** \_\_\_\_\_

**Home Telephone No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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**Home Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Street Address** (if your home address is a P.O. Box):

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May we leave information regarding the status of your application with someone other than you? If yes, complete:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Best Time to Try:** \_\_\_\_\_

Applicants full Name \_\_\_\_\_ Date \_\_\_\_\_

Please let us know if you require special accommodations and tell us what accommodations you need (Accommodations are not based on preferences):

**Information for Acceptance to Training:**

1. Understanding and Interest

A. Why do you want to attend this training?

B. What makes you a good candidate to work with people experiencing mental illness and/or addiction in the mental health field?

2. Recovery Experience

A. What does recovery mean to you?

B. What were/are important factors in your own recovery?

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C. What types of experiences have you had in assisting, or advocating for, consumers of mental health services (for example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific.

D What will be your most difficult challenge in attending this training? How will you deal with this challenge?

E. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

G. Is there anything else you would like us to know in considering you for the Nebraska OCA Peer Support training?

**3. Environment and Access**

A. Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support training? ☐ Yes ☐ No

If yes, do you receive pay for this position? ☐ Yes ☐ No

Also, is your employer compensating you for your time in training? ☐ Yes ☐ No

If no, are you on unpaid leave for this training? ☐ Yes ☐ No

Position title/location:

B. Are you a current candidate for a position where you will use the skills gained through the Nebraska OCA Peer Support training? ☐ Yes ☐ No

If yes, will you receive pay for this position? ☐ Yes ☐ No

Position title/location

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BELOW SIGN YOUR INITIALS only to those that apply to you:

**My primary lived experience is with :**

**1) (Choose ONLY one)**

- a. \_\_\_\_\_ **Recovery with Mental Illness.**
- b. \_\_\_\_\_ **Recovery with Dual Diagnosis (Mental Illness & co-occurring Addictive Disease, including gambling).**
- c. \_\_\_\_\_ **Recovery from Addiction only, including gambling  
(We will not be able to include you at this training, but will be able to include you at future opportunities).**

**2) \_\_\_\_\_** YES, I agree to disclose my history with mental illness

**(Initial above if statement applies to you)**

**3) \_\_\_\_\_** NO, I do not want to disclose my history with mental illness & recovery at this time.

**(Initial above if statement applies to you)**

**4) \_\_\_\_\_** I understand that I must make all travel arrangements & that the OCA will not be able to arrange transportation for me. I will receive directions to the training site once I have been officially accepted. I must keep receipts for my transportation costs for reimbursement.

**(Initial above if statement applies to you)**

**5) \_\_\_\_\_** It has been at least one year since I was diagnosed with a Mental Illness and/or co-occurring Addiction (including gambling).

**(Initial above if statement applies to you)**

**6) \_\_\_\_\_** I completed this application on my own.

**(Initial above if statement applies to you)**

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*I certify that I have personal experience as a consumer of mental health services. If I am chosen as a training participant, I understand that I am responsible for funding any expenses outside of the specified funds available for travel, lodging, meals provided, and training. I understand that I will have to keep receipts for my transportation costs.*

*I understand that the Peer Support training does not guarantee me employment or a volunteer position.*

**I understand that the Peer Support Workforce works from *the perspective of their lived experience with mental illness and/or co-occurring addiction (including gambling) & recovery*. I agree to be open about the fact that I have been diagnosed with a mental illness and/or addiction. I understand that in doing so I will assist in educating others about the reality of recovery.**

**YOUR SIGNATURE**

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**PLEASE ALSO PRINT YOUR NAME**

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**Optional & Confidential/ For statistical purposes only: Please feel free to send this information separately if you wish to remain anonymous. Completing this information is optional. Your responses help us answer questions about some of the lived experience and the diversity we represent. Thank you for your time.**

<b>I am (check one):</b>  <input type="checkbox"/> African American  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Multiracial  <input type="checkbox"/> Other (please specify) _____  <b>Ethnicity:</b>  <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<b>I have:</b>  <input type="checkbox"/> High School Grad/GED  <input type="checkbox"/> Some College  <input type="checkbox"/> College Graduate  <input type="checkbox"/> Post Graduate Education  <input type="checkbox"/> Certifications and Diplomas  (Specify): _____
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